

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025550

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 1890

STATE FILE NUMBER

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ClaytonLength of stay in 1b
17 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis County HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louisc. CITY OR TOWN LemayInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1028 Wachtel ave.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First AnthonyMiddle (Tony)Last J.Ogolin

4. DATE OF DEATH

Month 6Day 23Year 625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7-25-18909. AGE (last birthday)
72IF UNDER 1 YEAR
Months 72 Days 23IF UNDER 24 HR
Hours 62 Min. 110a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Veneer Worker10b. KIND OF BUSINESS OR INDUSTRY
Retired11. BIRTHPLACE (City and state & country)
Austria12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Florence15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
[redacted]17. INFORMANT
Address B Earl Ogolin 4809 Oak Briar Dr. 2818. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary infections - massiveINTERVAL BETWEEN ONSET AND DEATH
16 d

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute myocardial infarction16 d

DUE TO (c)

Arteriosclerotic right coronary (thrombosis)16 d

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic nephrosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour 5:05 a.m. am Month, Day, Year 6-6-6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-6-62 to 6-23-62 and last saw him alive on 6-23-62Death occurred at 5:05 am on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Dr. H. H. Howe M.D.

22b. ADDRESS

601 South Brentwood, Clayton, Mo. 6/23/62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-26-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

1215 Lemay Ferry Rd. Lemay, Mo.

(State)

24. FUNERAL DIRECTOR

C. Hoffmeister Mortuaries
7814 S. Broadway

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-25-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

ITEM NO.

VS 300
Rev. 4/5914003
24000

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Linne C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.